

# LATINX IMMIGRANT HEALTH

## The Interplay Between Health Policy and Health Outcomes for Undocumented Latinos

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### Introduction

This project focuses on how political and legal factors can influence the medical wellbeing of the Latinx population, especially a) as these factors relate to national immigration policy and b) as these factors are applied in new and emerging destinations for Latinx persons. People leave their homes and immigrate to the United States for increased economic opportunities. Once in the United States, many Latinx immigrants find themselves concentrated in dangerous occupations, such as agriculture, construction, meat processing, and day labor, almost acting more like machines in a process of labor rather than humans (Martínez et al., 2020). Overrepresentation in high-risk work environments has led to disproportionately higher rates of work-related injury in the Latinx community, leading to a higher need for comprehensive healthcare than other groups. Yet, despite the dangerous jobs and high rates of injury, many Latinx immigrants have a significantly lower rate of taking days off;

this is likely in order to raise as much money as possible to send back to their families, regardless of their own health or wellbeing (Martínez et al., 2020). Concurrently, there remains a large healthcare disparity between the white population of the United States and the Latinx population, a disparity propagated by deep fears of deportation and potential maltreatment. Thus, one primary goal of this paper is to elucidate what policies may be contributing to negative Latinx healthcare outcomes. Federal, state, and local immigration policies all have a major effect on the health and wellbeing of the Latinx community in the US, and understanding these policies is a good first step towards building a more progressive healthcare system. Another primary objective of this brief is to discuss the direct effects of these policies on Latinx immigrants, especially those who are undocumented. With significant barriers to healthcare access, this population is greatly impacted by policies such as the REAL ID Act and the Prevention Through Deterrence program implemented by the federal government, and understanding the physical effects of these policies can work towards bridging the gap between policy and healthcare. Finally, this paper will conclude with specific strategies for local and state governments regarding how to craft policy that best supports Latinx immigrants for a healthy future, one in which healthcare systems are utilized without fear of deportation.

## Current scholarship

The current state of knowledge in this field generally reflects the sentiment that “[immigration] enforcement policies...negatively impact physical and mental health for both [Latinx] adults and children” (Mann et al., 2015). There is a growing body of knowledge about the impact of harsh immigration policies on the wellbeing of Latinx persons in the US, and much of this research is well-published and well-received. It is also widely known that there exists a pressing health disparity among the Latinx population. In many cases, Latinos experience “higher rates of morbidity and mortality for specific chronic conditions compared to non-Latinos” (Philbin et al., 2019). For specific diseases such as diabetes, depression, and anxiety, Latinos also bear “an elevated risk” (Philbin et al., 2019). Thus, Latinos find themselves in a dangerous position in which they have an increased risk for many chronic diseases while also having lower healthcare utilization compared to non-Latinos. At the same time, as mentioned above, many Latinos work in difficult jobs that contribute to negative health and wellbeing; these jobs include farmwork with high pesticide exposure, long-term musculoskeletal damage, and heat exhaustion. Yet, despite the difficult jobs that they work, these Latino immigrants—especially Mexican immigrants, who comprise roughly  $\frac{3}{4}$  of injury cases—are paid per unit produce, which discourages taking breaks and encourages working through unsafe conditions without regard to safety precautions (Martínez et al., 2020). As a result, many Mexican immigrants are viewed as tools of labor rather than human beings whose labor is incredibly valuable to the farmwork economy, degrading the human condition rather than promoting their hard work.

It is also known that there exists an “immigrant paradox” among Latinx immigrants in the United States. According to the theory, Latinx immigrants are “seen to enjoy better overall health than [their] native-born peers” (Teruya et al., 2013) even though they may lack beneficial healthcare access when they arrive in America. While the immigrant paradox theory is disputed due to potential biases in the selection pool (i.e. only the most fit Latinx immigrants actually immigrate), it is generally accepted that more time in the

## Deferred Action for Childhood Arrivals (DACA)



Deferred Action for Childhood Arrivals, commonly known as DACA, is a federal relief program that protects eligible immigrants who came to the US as children (UC Berkeley). DACA does not grant permanent residency, but rather grants temporary protection from deportation and a work permit; this DACA status must be renewed every two years.

The DACA legislation is highly controversial, and legal efforts are being made to curb the program. The Trump administration repeatedly tried to dismantle the program and, in summer 2021, a federal judge ruled that first-time DACA applicants were barred from the program (Boundless).

Although DACA has a temporary benefit for undocumented immigrants, it cannot help to counter the racial profiling and fear created by harsh immigration policies. Overall, DACA faces an uncertain future, and only grants a limited reprieve for undocumented Latinx immigrants.

United States leads to increased cultural assimilation and decreased health status. Due to the low income status of many of Latinx immigrants—at least upon first arrival—combined with the difficulty of maintaining a healthy diet in the United States, many immigrants gradually witness a decrease in their health. For example, Latina immigrant women have significantly higher rates of gestational diabetes, which is developed by expecting mothers, than non-Latina females (Bower et al., 2018), likely due to the development of a poor diet during pregnancy. Further, while some states experienced a significant increase in their Latinx population in the late 1990s, many immigrants—especially those of Mexican origin—left the United States due to the Great Recession, with a net loss of 140,000 Mexican immigrants from 2009 to 2014 (Pew Research Center). As a result, the influx of immigrants into the US is slowing among some key demographics, leading to a higher rate of acculturation (assimilation into the culture and values of the United States) compared to immigration. Overall, it is well established that there exists a link between more time spent in the United States and negative healthcare outcomes for the Latinx community.

## National Immigration Policies

To understand the process of deportation and immigration policies, it is important to consider how these policies are made at a local or state level rather than on a federal level, as the “Constitution does not define a federal power over immigration” (National Geographic). While the legislative branch can work to control immigration, such as through the RAISE Act that “reduce[s] legal immigration,” (Wharton) the state and county governments have started to exercise more control over immigration policies. At the same time, states have an increased role in administering Medicare and Medicaid, topics covered later in the report. As a result, we see significant variation of how federal and local governments handle resident immigrants.

## Federal Enforcement Policies

In recent years, the Trump administration drew attention to the immigration of persons from Latin and South America to the United States through the southern border, with former President Trump leveraging the promise of a wall with Mexico throughout his 2016 campaign. Even before the Trump administration, increased border security measures have led to an even riskier entry into the United States for immigrants. Components such as increased surveillance technology and the militarization of the border have led to an increase in the risks of dehydration, sexual assault, and death during the border crossing (Martínez et al., 2020). Compounding this increased danger at the border is the increase in immigrants, mainly spurred by social and economic turmoil in countries like El Salvador and Nicaragua. While the Biden administration has passed policies reversing Trump's zero tolerance deportation laws, not all families have been reunited, and the border remains a politically divisive issue (BBC). Beyond the border, other federal policies have also heightened the negative healthcare outcomes for undocumented immigrants in the US. Although programs such as the Deferred Action for Childhood Arrivals (DACA) have helped to defer deportation, federal policies such as the REAL ID Act of 2005 have made it difficult for undocumented immigrants to obtain a driver's license, making it more difficult to access economic and healthcare opportunities (Martínez et al., 2020). Lacking an ID also leaves undocumented immigrants without a sense of personhood, as they aren't deemed to be worthy of any form of identification in the United States, even though they are providing labor.

Other policies have led to a heightened fear of deportation among undocumented immigrants, such as Section 287(g) of the Immigration and Nationality Act. Section 287(g) allows federal authorities to deputize state and local law enforcement officers as quasi-federal agents, granting them access to federal immigration databases and allowing them to detain anyone they suspect is undocumented. At the same time, these local law enforcement agents can interrogate and arrest anyone suspected of violating immigration laws,

## Secure Communities Program

Along the same lines as the REAL ID Act and Section 287(g), the Secure Communities Program works to grant local authorities access to federal fingerprinting databases (Martínez et al., 2020). As a result, after an arrest, local law enforcement can utilize criminal and immigration databases to see if the person they arrested is a noncitizen. Upon a match, federal Immigration and Customs Enforcement (ICE) officials are notified and begin deportation procedures.

In 2014, President Obama replaced the Secure Communities Program with the Priority Enhancement Program, as a result of concerns that the Secure Communities Program may lead to more deportations due to smaller infractions. The Trump administration reinstated the Secure Communities Program in 2017 through an Executive Order but President Biden revoked the legislation within his first month in office (Martínez et al., 2020). As we see, the implementation of the Secure Communities Program and laws like it are highly variable along party lines, and the future of the program remains to be seen.



essentially granting these local officers free reign to curb undocumented persons at will (Martínez et al., 2020). As a whole, this federal legislation could plausibly lead to a reduced access to healthcare and detrimental stress on immigrants, citizens, or their families. In fact, these harsh immigration policies have been shown to increase food insecurity and lower enrollment in the Supplemental Nutrition Assistance Program (Philbin et al., 2018). Further, the passage of Arizona controversial SB 1070, which allows police to arrest individuals suspected of being undocumented, has been shown to lower self-esteem and the sense of being American among Latinx youth (Philbin et al., 2018).

## State and Local Control

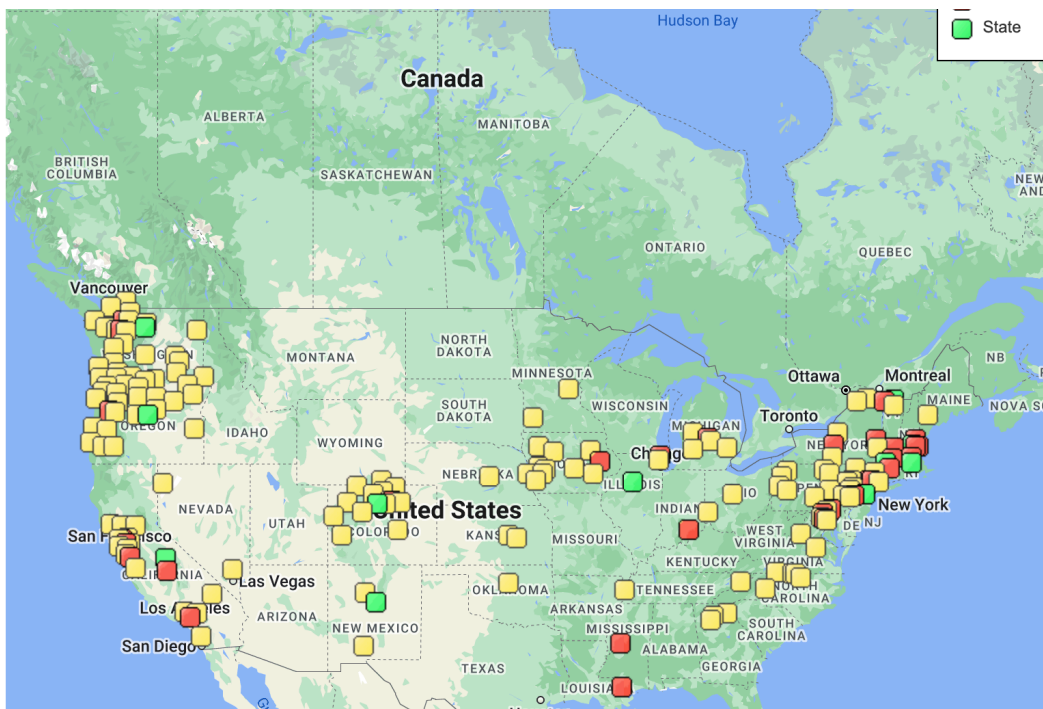
In addition to the federal immigration policies, state- and local-level efforts have enhanced the level of deportation and the restriction of social services for undocumented immigrants, especially in border states. For example, many of these states have implemented policies referred to as “show me your papers” laws, in which law enforcement officers can request proof of legal status from anyone they may suspect is undocumented (Martínez et al., 2020). These laws seem to invite racial profiling of Latinos, leading to many undocumented immigrants being afraid to be in public out of fear of deportation. In turn, these persons may neglect their healthcare needs and face an inability to seek treatment for their chronic diseases, a dilemma which might be augmented by the immigrant paradox and acculturation to American culture. At the same time, certain states—such as Arizona, Georgia, and North Carolina—have passed laws allowing for immigrant enforcement to occur at a local level without any input from federal agencies.

As a result, the federal government may lack a clear regulation of the daily reality of Latinos in these states, leading to miscommunications and differing standards of immigration enforcement across the United States. For instance, some local governments utilize police checkpoints for targeting Latinx drivers to try to use the powers granted to them under the “show me your papers” laws, such as Arizona’s SB 1070. In these regions, residents, regardless of immigration status, feel “trapped” and unable to travel to other parts of the state (Martínez et al., 2020). From the founding of the United States, significant sovereignty has been given to the states, leading to a perennial tension between federal and states’ autonomy; immigration is just one of many issues in which this tension arises. In most cases, the divide leads to deferring to the states, who often control the funding for immigration policies. Overall, these state and local controls can piggyback upon the federal immigration enforcement policies to produce a sense of immobility and tension for citizens and undocumented immigrants alike.

## Sanctuary Cities

Despite the harsh immigration enforcement policies on the federal and state level, certain cities have actively worked to counter these policies. The local governments of these so-called sanctuary cities have worked to implement programs to boycott assisting the enforcement of immigration. For instance, San Francisco grants undocumented immigrants an ID card and deems any residents under 18—regardless of immigration status—as eligible for health insurance (Martínez et al., 2020). Such measures work to empower undocumented immigrants, granting them a sense of identity and promoting the idea that they are indeed welcome in the United States. Further, unless state legislature restricts them, these sanctuary cities are legally able to avoid compliance with federal immigration orders, allowing them to govern their

own populations. As a result, we see large and often geographical variation between local municipalities with regards to immigration; many Western states have an abundance of sanctuary cities while Southern states are historically lacking such cities (Center for Immigration Studies, 2022). In the future, the



As seen, the South and Midwest lack the abundance of sanctuary cities (as labeled by the green, red, and yellow markers) displayed by the West and Northeast. Whether a shift will occur in the next few decades due to a rising Latinx population remains to be seen.

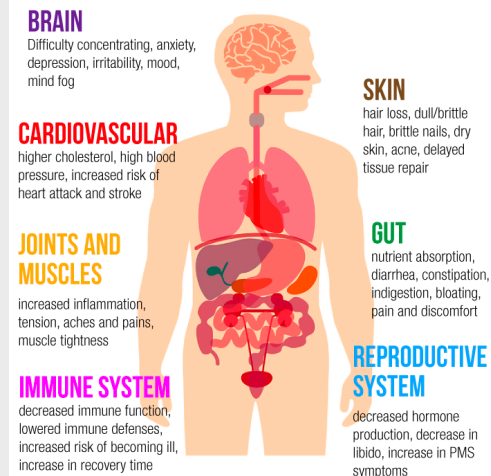
promotion and protection of sanctuary cities throughout the United States will undoubtedly be a contentious political issue, and it remains to be seen whether the South and Midwest will see a rise in sanctuary cities as the Latinx population booms in those regions.

## Direct Effects on Undocumented Immigrants

As we have seen, there are numerous federal and state policies that create difficult living conditions for undocumented immigrants in the United States. These policies comprise some of the causes of negative healthcare outcomes for Latinx populations. In this section, we shift into a closer examination of how these policies contribute to health disparities in the Latinx community, which will be broken into two main types: the direct effects on undocumented immigrants and the spillover effects that these policies have on the Latinx community as a whole.

## Effects of Stress

### HOW STRESS AFFECTS THE BODY



Many undocumented immigrants may find themselves in a constant state of stress. As many undocumented Latinos fear potential deportation, financial insecurity, and family instability, it's well-established that "Latinos in the United States are disproportionately affected by high stress levels" (Stryker et al., 2021). Over time, these high levels of chronic stress can lead to significant physical and mental issues, such as high blood pressure and lowered immune system functioning. Without proper treatment—which Latinos already have difficulty accessing—these issues can compound and lead to other issues such as diabetes, cancer, and stroke risk (Mayo Clinic).

## Issues of Healthcare Access

As a result of the difficulties of punitive immigration enforcement legislation, many undocumented Latinx immigrants face significant barriers to healthcare, whether those barriers be political, social, or financial. To many, even the term "undocumented" brings a certain negative connotation of someone in the US potentially leeching off benefits while not working. Yet the reality is that many undocumented persons work in jobs that have an increased risk of occupational injury but lack health insurance from their employers (Martínez et al., 2020). At the same time, these workers are unable to access Medicaid or Medicare, and they cannot buy health insurance through the Affordable Care Act (Martínez et al., 2020). Even if these undocumented immigrants somehow obtain a green card in the United States, they have to wait for five years before becoming eligible for federally funded Medicaid programs (Martínez et al., 2020). This combination of working difficult, often physical jobs while being constrained in their healthcare access leads to many immigrants resorting to emergency rooms and public health clinics as their sole source of healthcare. Consequently, undocumented immigrants usually lack specialized care, contributing to high rates of chronic diseases such as cancer and diabetes among the Latinx population.

## The Affordable Care Act

Throughout this discussion of healthcare access, it is important to discuss the Affordable Care Act (also called the 'ACA' or 'Obamacare'), which has had a significant effect on the Latinx community. Historically, the Latinx population has experienced less insurance coverage than the US population in general, with almost a third of Latinx persons under 65 being uninsured before the ACA (Martínez et al., 2020). Due to many Latinx persons having lower-paying jobs that are less likely to offer health insurance and benefits, many Latinx immigrants often can't afford insurance when it is offered.

There are two key branches of public insurance that the ACA impacted: Medicare and Medicaid. These branches differ in

their patient coverage, with Medicare acting as public health insurance for adults over 65 or disabled while Medicaid is insurance for the poor. The ACA improved Medicare benefits in a few ways, such as by increasing coverage for prescription medications, but ultimately the eligibility remained the same (Martínez et al., 2020). However, the ACA greatly increased Medicaid's eligibility requirements, with the federal government offering to cover every legal resident under 65 who is up to 138% of the poverty level (Martínez et al., 2020). As a result, the uninsured adult Latinx population dropped from 22% in 2010 to 13% by 2015. Yet, with this increase in coverage came a concurrent decrease of Medicaid payments to hospitals that serve a large share of undocumented immigrants. Even in states that have not expanded Medicaid through the federal government's finances, hospitals struggle to treat uninsured Latinx individuals (Martínez et al., 2020).

## Additional Effects on the Broader Latinx Community

The second type of duress inflicted upon Latinos is the spillover effect that these pressures can create upon the entire Latinx population in the United States. Worrying about the possibility of a friend or family member being deported can induce severe mental stress, causing Latinx people to be 1.6 times more likely to experience feeling anxious or sad (Vargas et al. 2017). As a result, these individuals may have to seek treatment for mental health problems, and this chronic stress can negatively impact job performance and home life. At the same time, various media sources often lump Latinos together under the same label, leading to negative associations that “facilitate racism and xenophobic attitudes towards all Latinos, irrespective of immigration status” (Philbin et al., 2018).

As discussed throughout this brief, the physical and mental health effects of immigration enforcement policies have a deep impact upon undocumented Latinx immigrants. Yet, it is important to consider that these effects are not limited to the immigrants themselves, as they can often spill over to affect other Latinos in the community, even the families of undocumented immigrants. Chronic diseases are not the only way in which the undocumented Latinx community is affected, as the intense immigration policies and constant discrimination also impact their mental health. As mentioned above, federal policies and “show me your papers” laws promote racial profiling of Latinos, with law enforcement in certain states having the unchecked ability to question anyone suspected of being undocumented. As a result, undocumented persons may live in a state of constant fear of deportation, whether it be from going to a clinic or while on the job. For instance, after the passing of SB 1070 in Arizona, there were increased feelings of fear and a decreased trust in law enforcement among the Latinx community (Martínez et al., 2020), fears that can get passed on from generation to generation.

As a result, the initial barriers or fears of deportation that the first generation of immigrants within a family or community might propagate for years to come, while also being compounded by the immigrant paradox due to acculturation to American life. For example, these feelings might manifest themselves in some undocumented immigrants to avoid driving, as they experience both driver's license restrictions and also a fear of apprehension and subsequent deportation by local police. This mindset has been shown to lead to children of undocumented immigrants forgoing necessary medical treatment; rather, these families



may rely upon self-diagnosis, sharing prescriptions, and using unlicensed medical professionals for care (Martínez et al., 2020). At the same time, the effects of familial deportation on mental health are quite severe, as deportation and detention can lead to intense psychological and financial stressors for a Latinx family, as they may now be without their primary breadwinner and prized family member. These effects are quite prominent in children, who are more likely than children without a deported parent to experience anxiety, aggression, and decreased school performance, ultimately creating a barrier to education that might lead to negative health outcomes in the future (Martínez et al., 2020).

## Conclusion

The Latinx minority group is growing rapidly; within a few decades, the white population will not hold the majority any longer in the United States (Pew Research Center). As a result, crafting healthcare policies that reflect this changing demographic will be key to have a population that is taken care of most effectively. Throughout this restructuring of the healthcare landscape in the US, it will be important to remember the three ways by which legal and political pressures—such as immigration enforcement laws—can influence the Latinx population. First, the under-utilization of healthcare services by undocumented immigrants, especially in rural regions of new destinations, can cause detrimental public health effects. Second, the spillover effect that this under-utilization has on other Latinx citizens can contribute to chronic stress and the negative stereotyping of Latinx persons. Finally, the cyclical nature of negative health effects due to a lack of healthcare and education can cause future generations to experience the same effects unless healthcare conditions are changed. While such a change will, without a doubt, require time, money, and public support, these changes may ultimately save money down the line by providing Latinx persons with adequate proactive healthcare.

The scope of this paper does not necessarily wholly focus on recommendations for changing the United States healthcare system. At the same time, the issues of federal versus state control of immigration policies remain unresolved and are likely to propagate a disconnect between the two levels of government that results in regional variation of immigration policies. Nevertheless, there are a couple of key changes that could lead to future discussion. The first suggested change would be the implementation of public health advocacy programs on a local level that serve to increase undocumented Latinx immigrants' awareness of their rights and abilities for healthcare. Overcoming the language barrier and trying to increase public knowledge on a local level will help undocumented immigrants be more aware of their rights, not only leading to a potential increase in healthcare utilization but also more self-empowerment and feelings of self-control. Further, the second suggestion would be to decrease the amount of omnibus laws (such as S.B. 1070) in the United States. Such a change would be a drastic political move and would require many more resources than the first suggestion. Yet, omnibus laws promote racial profiling by allowing ordinary citizens to feel empowered to “intimidate Latinos with impunity” by being encouraged to report “suspicious” Latinos to law enforcement (Vargas et al., 2017). These laws create incredible mental stress for undocumented Latinos, as anyone around them could potentially turn them in for deportation. At the same time, these laws also create negative Latino

stereotypes, incorrectly assuming all Latino citizens are the same and are thus undocumented. Shifting these laws through political lobbying and a more progressive legislature would ease this stress, likely leading to higher rates of participation by undocumented Latinx immigrants in the community, including in the fields of education and healthcare.

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## Image Credits:

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The Interplay Between Health Policy and Health  
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